

FOREIGN DEPARTMENT



IN CHARGE OF
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FRENCH PROVINCIAL HOSPITALS

THE hospitals of the provinces of France afford a most interesting study, from every point of view. Architecturally, they are beautiful and fascinating. Historically, they are full of the romance of real life, colored by the traditions of the Middle Ages and of a civilization centuries old. From the nursing standpoint, they show in the most conspicuous and striking way the passing of the old and the coming of the new. In some of them may still be seen in full panoply the ancient nursing orders of the church, which have now almost entirely disappeared from the hospitals of Paris, and in others may be found modern nursing of the most approved method, with budding training schools for secular nurses under the control of trained gentlewomen who are remodeling the nursing service according to the precepts of Miss Nightingale.

I have visited, in all, the principal hospitals or Hôpels-Dieu in Rheims; Coucy-le-Château; Orléans; Blois; Tours; Poitiers; Albi; Carcassonne; Béziers; Arles; Avignon; and, of course, in Bordeaux a number of the most important hospitals, and in Lyon the venerable Hôtel-Dieu—the most ancient of French hospitals. That of Beaum, which is the most beautiful picture I have ever seen, is of such especial interest that I will leave it for a time by itself.

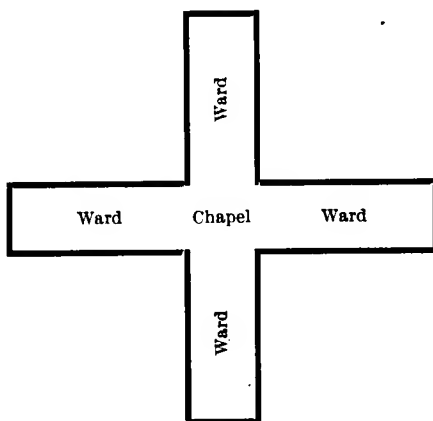
In architectural type there is a general resemblance. This general type is in its peculiar way so very beautiful that one mourns at the thought of seeing it disappear from the earth, even if it is not according to modern pavilion-plan ideas, but I fear that it is doomed, for wherever you go you hear of plans for new hospitals or see the piles of stone for putting up new pavilions. By all means build new hospitals, but why, oh why not preserve all these quaint old buildings for some other purpose?

The leading characteristic of the provincial hospital is its spaciousness and its extensive domain. To-day, to be sure, many cities have so grown up around their hospitals that most of these domains have been eaten up for building lots, but enough remain, as at Tours, Albi, and

Béziers, to show what the old gardens, vegetable and fruit farms, vineyards and quarters for stock were like. For instance at Albi the hospital raises enough pigs to supply its needs in bacon and ham, grows all its vegetables and fruit. Béziers keeps twelve cows, has its vegetables and fruit; makes its own wine. At Tours, the farm gardens were so extensive that I could not find my way alone through them. Beside their large grounds many hospitals own country properties, farms, vineyards, etc., from which they derive revenue.

In the buildings themselves the old plan is always the two-to-four storied solid mass built around three or four sides of an open square, laid out in gardens. Fine old heavy arcades or cloisters are often found fronting on these gardens. There is almost always a floor of red brick square tiles, smoothly painted over in dull Indian red, which I think gives a very attractive effect and is easily kept clean. Then there are always the most massive stone staircases, spiral or square, of the same gray stone as the buildings (which yellows a little with age) all the way to the top of the house. If ever buildings were fireproof these are. The ceilings all have the solid square timbering of old oak or chestnut, most good to look at but not, alas, in accord with asepsis. The windows are very striking in their defiance of modern ideas. They are usually very large, but high up in the wall, sometimes at least eight feet above the floor, and not so frequent as we are accustomed to see. As a result the wards are almost always in a half-tone or even in a twilight. Direct sunrays are rare. Some wards have a double row of windows,—large, occasional ones below, and smaller, square, and more closely set ones just under the ceilings.

Sometimes, at the corner of several squares or courts, four large wards meet with an open central chapel, thus:



and this effect is often quite stupendous, as at Carcassonne, where the wards are of unusual width and dignity of proportion. The chapel, here, has now been dismantled and is simply an open empty space, screened off by heavy curtains. At the Hôtel-Dieu in Lyon, such an arrangement is found, with the staircase opening into the central square and the four wards screened off by glass partitions to the ceiling. A head-nurse, standing in the centre, could survey all of her four long wards at once.

The interior of the wards is almost always of a sad monotone, in which the dull red floor is the only cheerful feature. The favorite paints of a few centuries ago seem to have been a dreary gray and a depressing brown, and these recur constantly in wards and corridors.

An interesting feature of old hospitals is the linen-room. This is often a room of noble dimensions lined with hard wood. On all four sides the shelves and compartments for clean or new linen reach to the ceiling, and a tall step-ladder on wheels is the one piece of furniture. Linen supply in France is always abundant, and the linen of beautiful quality—no muslin is used for anything. All is heavy linen looking like homespun, unbleached white, yellow, gray, and brown.

The linen-rooms are always kept with great neatness, but whereas the secular nurses fold their linen in plain, time-saving piles, the nuns have created a way of folding linen that is really one of the most extraordinary examples of imagination and technical skill that I have ever seen. It is impossible to describe, but with their linen they make geometrical forms and patterns of an intricacy and multiplicity that must be seen to be realized. It is pathetic, for it is a great waste of time,—then, too, one naturally hates to give out linen which has been folded into kaleidoscopic prisms,—but one realizes that these linen-rooms represent the one and only outlet for a sense of decoration that is open to the Sisters.

As for laundries! I wish that all our young Domestic Science pupils could see the incomparable specimens of old-time laundries that I saw in different places,—notably that at Blois, not in the hospital, but in an asylum for old people, chronics, and children, on the other side of the river, which is often visited and painted by artists. It defies my powers of description, but its chief feature was the small artificial pond (I can't think of a better word) within soapstone walls waist-high, where the laundresses stand to pound, rub, and beat the clothes in the cold water of which this miniature lake is composed. It was all wildly picturesque, but not very comfortable, for one side is open to the weather, while a roof of antique shingles and timbers gave the semblance of

protection only. No warmth is possible in winter—there are no steam heaters, no boilers, no driers, only the drying garden under a lovely blue sky.

The transition in nursing has been made with great suddenness in some of these provincial hospitals. At Albi, the staff of trained nurses arrived at twelve o'clock one day, and the nuns left at one. Thus in one short hour the disciples of Florence Nightingale,—Dr. Hamilton's and Miss Elston's graduates, replaced a system which has lasted for fifteen hundred years, and established in its stead the new régime based on the scientific teachings of the immortal Pasteur.

There are about three hundred patients here, of all sorts, acute and chronic. There is also a division for soldiers, for this appears now to be a common arrangement in provincial hospitals, and the old name *Hôtel-Dieu* is often changed to "Civil and Military Hospital." The soldiers supply an acute service in scarlet fever and measles, and at Béziers there were three cases of smallpox.

At the time of writing these notes, hospitals where graduates of the Bordeaux schools had been called to reorganize the nursing were those of Albi, Alais, Béziers, Castelnau-du-Médoc, Cambrai, Elbeuf, Dijon and Lorient. I was fortunate enough to visit two of these, Albi and Béziers. The former has three hundred, the latter four hundred beds, and both have civil and military divisions; they are, therefore, as is readily seen, institutions of importance. There is a remarkable group of young women in each of these hospitals. In each case the head of the nursing staff is also the superintendent of the hospital. Mlle. Luigi, at Béziers, was trained at the London hospital, having gone there at Dr. Hamilton's suggestion when the latter was just taking hold of her own reform work. She has as her staff head nurses from the Tondou and the Protestant hospital. She is now so firmly established that she has in her turn established a training school to which she is able to attract an excellent and desirable type of young probationers. Her difficulties at first were great, for an interregnum of a year had taken place after the departure of the nuns and before her arrival, but she has overcome them, and her little school (for the numbers are still small) is naturally regarded with great interest and expectation, as it is the first training school planted in the provinces under the auspices of the Bordeaux reform movement.

I fancy that Mlle. Nectoux at Albi will have the next. She is one of Dr. Hamilton's graduates, and has a group of her classmates as head nurses. The directors are building, and with more room I am sure a school will follow. The lively intelligence and enthusiasm for

their work of all these young nurses is very stirring, and no less striking is the quiet ease with which they assume the positions, so new to secular French women, of hospital Directrice. But France is the land of capable, executive women, and all they want is not to be repressed. Dr. Hamilton and Miss Elston very wisely refuse to send their graduates into hospitals simply as head nurses under a man Director, as they would then have no power to initiate changes and would be simply wasted. They are only supplied to towns where the Administration is willing to give one of them the control of the wards. For this reason Carcassonne, which has a very handsome hospital, six hundred years old, I was told, was refused by Dr. Hamilton. The Director has laicised the hospital with a staff of paid attendants. They looked very kind and pleasant, and appeared to take great interest in their work. Only one head nurse had a "diploma" which was given her by physicians for a course of instruction, so it does not amount to much. A young married man, who had his home in the city, was in charge of the male wards, and his courteous manner made a most pleasing impression. He also seemed very attentive to his patients.

I was taken around by the Concierge, who appeared to be an old soldier. He was evidently greatly inflated with pride over the secular nurses, and showed me the printed notices in the wards announcing that all patients are free to have the services of any minister, of any religion, with so much satisfaction that I concluded he must be a "librepenseur" or at least a Protestant, but he informed me that he was a Catholic, but he approved the religious liberty and the lay nurses because he was a *materialist*? He understood all about matter! I am still puzzling over this and wondering whether he meant germs? The most distressing and hopeless problem that I saw anywhere was in a large town of Northern France. Miss Nutting and I were there together, and even Miss Nutting was discouraged, while I, not feeling very brisk after being ill, could think of nothing to do but to lie down and die! The hospital had been laicised, and an excellent and experienced nurse, of more mature years than Dr. Hamilton's youthful flock, from a Swiss institution, was there as Directrice. She had collected an admirable group of head-nurses, but small, a mere drop in the bucket, and was trying to get pupils and establish a school. The hospital had a thousand beds and all the wards were overcrowded. It was peculiarly cheerless and dingy, and in a condition of disrepair that was really appalling. No American nurse could imagine such waterclosets, and the lack of everything that made work easier. The nuns, knowing they were to be sent away, naturally enough, perhaps, let everything run down. Supplies were out,

everything was needed: the money was scanty and the Administration not intelligent. The rich Catholics would give no more money, and the Protestants never had given any and would not begin. It was impossible to install an adequate staff of ward-maids and keep them, as quarters and comforts were lacking, and the medical students of the University seduced them so persistently that it was an ever-present anguish. Moreover, a former lay Directress, who had not been a nurse, and knew nothing of hospital discipline, had married one of the Administration and made continuous mischief, stirring up strife and breaking down system and discipline. We went over the place from garret to cellar with sympathy and amazement, and on leaving offered encouragement and begged this brave soldier to hold fast, but in our hearts we knew she could not. And so it has turned out. They, too, applied to Dr. Hamilton, but I do not know what will happen.

Some very large and important hospitals are still in charge of Sisters, as at Tours and Blois, where very picturesquely dressed and lovely looking nursing orders are seen, the latter especially charming in gowns of yellowish-gray with large white fichus and full white veils: yet under them are ill-kempt, untaught women doing the nursing very badly, and on duty day and night, sleeping in the wards with their patients (*e.g.*, in a children's ward).

The difference in the aspect of patients in the wards nursed on the mediæval plan, and those under the care of the Bordeaux nursing missionaries is very marked. For instance, the nurses' patients were the only ones I saw whose mouths were cleansed, and who were protected from flies, and their wards are the only ones where one finds screens. As the laicisation of hospitals is a government measure it is being rapidly extended. In the autumn a ministerial circular was sent to all the heads of provincial governments asking whether the hospitals under their jurisdiction had been laicised, and if not, why not; if schools of instruction had been established, and if not, why? If established, whether they were successful, and if not, why?

Dr. Hamilton fears the movement to laicise will go on too rapidly, and cripple itself by recruiting ignorant and untrained women. She is quite right. It would be better to go more slowly, for it will take twenty years to train *well* and thoroughly enough nurses to staff the French hospitals. What I am afraid of is that the government never *will* learn how many nurses are needed to a ward. At present they simply have no idea of it, and if the young trained women try to do modern work with mediæval numbers they will break down rapidly and it will be the story of the German hospitals over again.

L. L. Dock.

ITEMS

THE lectures at the new training school in Paris have opened and M. Mesureur will lecture on "Administration."

THE proposed degradation of the Matrons of the English Metropolitan Asylums and Hospitals is yet undecided. Much powerful and disinterested influence has been exerted to prevent such a retrograde step with its resulting disaster to the patients.

MISS ELSTON and her nurses at the Tondu Hospital in Bordeaux have had the pleasure of showing the King of Spain over their wards. He seemed much pleased with everything, and spoke in English with Miss Elston. A probationer in the school is a young Spanish lady. How glorious it would be if she could initiate hospital reform in her own country later!

The British Journal of Nursing is publishing for the first time some of the Crimean nurses' letters, written to their friends from Scutari, also a couple of Miss Nightingale's. They are very interesting, and throw new light on the endless difficulties under which Miss Nightingale worked. We all know the type of woman who suspects her head nurses of "working against her." From the complaints of these egotists one would suppose that Miss Nightingale herself took pains to put bad water in their teapots! and other complaints are of like nature.

The Woman's Journal (December 28) reports five victories for the cause of equal suffrage in 1907; they were: the Parliamentary Suffrage given by Norway to certain large classes of women, eligibility to municipal offices given by Sweden, right to vote for members of boards of public charities and to serve on such boards given by Denmark, eligibility to serve as mayors, aldermen, town and county councillors in Great Britain, and last of all, what has entirely escaped general notice, Russia has given women holding property a vote in the election of the Duma, though this vote must be cast by proxy. As the whole electorate in Russia has been tyrannically restricted to secure a reactionary majority this last is a doubtful benefit.

RECENT legislation in England requires local school authorities to provide for medical inspection of school children, and this not only from principles of treatment and cure for diseased or defective children, but also for developing school hygiene and for the promotion or culture of health.

This is the basis of the Massachusetts School legislation, under which the culture of health becomes prominent. The law of this home state provides for the school nurse, and the English Board of Education also regards her as a most important if not indispensable ally in the preservation of school children's health.

THE many efforts made by public men and official bodies in England to crush self-government among nurses and prevent registration are driving nurses to consider the formation of a "Nurses' Defence League." The latest snare laid by Mr. Sydney Holland and the Central Hospital Council has been a Bill drafted for presentation to Parliament by which they hope to spike the nurses' guns and get legal power into their own hands, by having a legal humbug which they intend to call "An Official Directory for Nurses." *The British Journal* as usual has exposed it so thoroughly that it will probably catch no one. But what an unmanly business for men to be engaged in! Trying to keep a whole army of hard-working women in a state of economic slavery to their hospitals and employers. The fight in England is a plain fight for the right to live, on the nurses' side, and for power which is unjust on the part of Hospital Directors and employers generally. The London Hospital has a large revenue from renting out probationers, and its private nurses are obliged to work in the wards between cases.

FOREIGN exchanges show a steady growth of dissatisfaction with general conditions of nursing, not only as to the incomplete training that is almost universal, but also with the life-conditions under which nurses are compelled to work. The improvement of nursing is becoming a burning question in many foreign countries. Physicians in Germany, Belgium, France and Holland are taking a keen interest in the questions of higher training. Unlike some men here at home who are engaged in the effort to return to a standard that is common abroad, these advanced foreigners are striving to raise their standards to one more nearly like that of England and America. In Germany, Sister Agnes Karll has been on a lecturing and organizing tour. She has had crowded audiences of men and women and has found the greatest interest everywhere. Physicians have remained afterwards to discuss and to question and they have contributed many valuable suggestions and have promised to support higher standards. In Munich she addressed a society of physicians, and pointed out to them the overwork, underpay, and imperfect training under which German nurses now struggle. The State Registration Act of Germany has not yet been actively accepted in South Germany (like ours it is not compulsory) but she has stirred up public

opinion in favor of establishing its standards there as well as in the north.

In Holland the nurses' association is awaiting a reply from the Minister of the Interior to the petition for State Registration which it has submitted to him, as mentioned last month.

In Belgium, Dr. Ley, the remarkably progressive alienist who attended the Paris Conference, has brought about a federation of schools of training for nurses, to determine a minimum period of training and to arrive at a uniform curriculum. He has also persuaded the medical society of alienists and specialists in nervous diseases to give its own certificate to mental nurses who have passed certain requirements.

There is, however, a far too one-sided masculine control in these Central European countries and they cannot, in consequence, go very far. It will all be like trying to walk on one leg.

